

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6636. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Haynie Randy K.
Last First MI

2. BUSINESS PHONE (225) 336-4143

3. BUSINESS ADDRESS 1465 Ted Dunham Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS P.O. Box 44032 Baton Rouge LA 70804
Street and No. City State Zip

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Please see attached

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

FOR OFFICE USE ONLY

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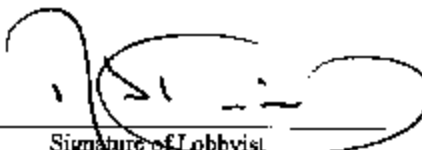
SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

1. **Name:** CompSolutions, Inc
Address: P.O. Box 2136
Slidell, LA 70459
Business or Purpose: Workers'
Compensation
Does this person pay you? :
Yes

2. **Name:** Dore Energy
Address: P.O. Box 67
Sulphur, LA 70664
Business or Purpose: Energy
Does this person pay you?: Yes

3. **Name:** New Orleans Saints
Address: 5800 Airline Dr.
Metairie, La 70003
Business or Purpose:
Professional Sports Team
Does this person pay you?: Yes

4. **Name:** Property Owners of
Louisiana
Address: P.O. Box 44032
Baton Rouge, LA 70804
Business or Purpose: Property
Owners
Does this person pay you?: Yes

5. **Name:** Shaw Group, Inc.
Address: 4171 Essen Lane
Baton Rouge, LA 70809
Business or Purpose:
Contractor
Does this person pay you?: Yes